## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M04000001034

Entity Name: OPS CONTRACTING SERVICES, LLC

5724 SUMMER TREES DRIVE

MEMPHIS, TN 38134

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	MER AVENUE , TN 38134			
Current Mailing Address:			New Mailing Address:	
	MER AVENUE , TN 38134			
FEI Number	: 36-4351384	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
	INC. DEE CIRCLE DLA, FL 32526	US		
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () COOP, PHILLIF 5724 SUMMER MEMPHIS, TN	TREES DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () Delete WOOD, MICHAEL 5724 SUMMER TREES DRIVE MEMPHIS, TN 38134 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR (X) STODDARD, P/ 5724 SUMMER MEMPHIS, TN	TREES DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	MGR () BACKUS, WILL	Delete IAM D	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: MICHAEL WOOD MGR 04/27/2009